

Fill in this information to identify the case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF TEXASCase number (if known): _____ Chapter **7**☐ Check if this is an amended filingOfficial Form 201**Voluntary Petition for Non-Individuals Filing for Bankruptcy****04/16**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name **Brain Synergy Institute, LLC**
2. All other names debtor used in the last 8 years **dba Cerebrum Health Centers**
 Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) **4 5 - 5 5 3 3 4 2 3**
4. Debtor's address

Principal place of business 11511 Luna Road Number Street Suite 100 Farmers Branch TX 75234-6022 City State ZIP Code Dallas County	Mailing address, if different from principal place of business Number Street P.O. Box City State ZIP Code Location of principal assets, if different from principal place of business Number Street City State ZIP Code
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5. Debtor's website (URL) **www.cerebrum.com**
6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor **Brain Synergy Institute, LLC**

Case number (if known) _____

7. Describe debtor's business*A. Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

6 2 1 1**8. Under which chapter of the Bankruptcy Code is the debtor filing?***Check one:*

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11.

Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

If more than 2 cases, attach a separate list.

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

Debtor **Brain Synergy Institute, LLC**

Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list.

☒ No☐ Yes.

Debtor _____

Relationship _____

District _____

When _____

MM / DD / YYYY

Case number, if known _____

Debtor _____

Relationship _____

District _____

When _____

MM / DD / YYYY

Case number, if known _____

11. Why is the case filed in this district?*Check all that apply:*☒

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention?*(Check all that apply.)*☐

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐

It needs to be physically secured or protected from the weather.

☐

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐

Other _____

Where is the property?

Number _____ Street _____

City _____

State _____

ZIP Code _____

Is the property insured?☐ No☐ Yes.

Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*☐

Funds will be available for distribution to unsecured creditors.

☒

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **Brain Synergy Institute, LLC**

Case number (if known) _____

- 14. Estimated number of creditors**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
- 15. Estimated assets**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
- 16. Estimated liabilities**
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - ☒ I have been authorized to file this petition on behalf of the debtor.
 - ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/04/2018
MM / DD / YYYY

X /s/ Misty W. Gilbert

Signature of authorized representative of debtor

Misty W. Gilbert

Printed name

Title **Chief Operating Officer**

18. Signature of attorney

X /s/ David L. Campbell

Signature of attorney for debtor

Date **04/04/2018**

MM / DD / YYYY

David L. Campbell

Printed name

Underwood Perkins, P.C.

Firm name

5420 LBJ Freeway

Number Street

Suite 1900

Dallas

City

TX

State

75240

ZIP Code

(972) 661-5114

Contact phone

dcampbell@uplawtx.com

Email address

03698500

Bar number

TX

State

Fill in this information to identify the caseDebtor name Brain Synergy Institute, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number
(if known) _____☐ Check if this is an amended filingOfficial Form 206A/B**Schedule A/B: Assets -- Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of
debtor's interest**2. Cash on hand**\$0.00**3. Checking, savings, money market, or financial brokerage accounts** *(Identify all)*

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of
account number**3.1. Checking account**Checking account1 2 6 6\$1,984.41**3.2. Savings account**Savings account6 3 2 2\$50.00**4. Other cash equivalents** *(Identify all)*

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2,034.41**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.2.	Employee Health Insurance for a Broker (Orchestrate HR April 2018)	\$5,039.18
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8.3.	Prepayment to BOX.	\$335.79
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8.4.	Prepayment to Quickbooks.	\$89.55
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9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$55,802.88

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☒ Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

11a. 90 days old or less: \$212,932.65 — \$55,746.65 = → \$157,186.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old:	<u>\$1,279,676.53</u>	–	<u>\$1,145,804.65</u>	=	➔	<u>\$133,871.88</u>
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$291,057.88

13. Does the debtor own any investments?

☐ No. Go to Part 5.

☒ Yes. Fill in the information below.

**Valuation method
used for current value**

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: _____ % of ownership: _____

15.1.	Carrick Brain Centers of Atlanta, LLC	100%	Unknown
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15.2.	Carrick Brain Centers of North Texas, LLC	100%	Unknown
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Debtor **Brain Synergy Institute, LLC**
Name

Case number (if known)

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
Nutritional and Medical Supplements.	03/19/2018	\$6,044.68	Retail Price	\$6,044.68

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$6,044.68**24. Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$0.00

Debtor **Brain Synergy Institute, LLC**
Name

Case number (if known) _____

34. Is the debtor a member of an agricultural cooperative?

- ☒ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
Medical Supplies, Tech Supplies, and Office Supplies (See attached BOOK VALUE inventory for reference)	\$1,372,465.00	Retail Value	\$300,000.00

42. Collectibles *Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles***43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$300,000.00**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
- ☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Medical Supply Item	# Available	Location	Est. Retail Price	Value
RPSS Sierra Caldwell (3 Broken)	6	C	\$25,000.00	\$150,000.00
RPSS- Chatanooga Tower	2	C	\$2,000.00	\$4,000.00
Centrifuge (Owned by Labs)	2	C	\$0.00	\$0.00
Portable VNG + Laptop (Micromedical)	1	C	\$20,000.00	\$20,000.00
Interacoustics VNG	2	C	\$20,000.00	\$40,000.00
Caloric	1	C	\$1,000.00	\$1,000.00
CAPS	2	C	\$21,000.00	\$42,000.00
Sunny Health Fitness Vibration Plate	1	C	\$300.00	\$300.00
Neurocom Long Force Plate- Balance Master	1	C	\$15,000.00	\$15,000.00
SVI	3	C	\$10,000.00	\$30,000.00
OVARD	5	P/C	\$140,000.00	\$700,000.00
Welch Allyn	7	C	\$2,000.00	\$14,000.00
Lloyd Table- Hi-Lo Table (2 Broken)	6	C	\$8,000.00	\$48,000.00
Lloyd Table- Flat Bench	5	C	\$1,000.00	\$5,000.00
Rebuilder	3	C	\$500.00	\$1,500.00
SP O2	2	C	\$50.00	\$100.00
Compressed O2	3	C	\$700.00	\$2,100.00
Airex Pad	3	C	\$50.00	\$150.00
Misc. Wooden Blocks	12	C	\$25.00	\$300.00
Exam Equipment (Misc stethoscope, pinwheel, etc)	2	C	\$25.00	\$50.00
Panoptic Ophthalmoscope (Broken)	1	C	\$500.00	\$500.00
Cases Colored Glasses (multiple missing pieces)	2	C	\$300.00	\$600.00
Prism Glasses	1	C	\$100.00	\$100.00
Wheelchair	2	C	\$50.00	\$100.00
Scale	4	C	\$50.00	\$200.00
Hoyer Lift	2	C	\$5,000.00	\$10,000.00
Massage Chair	4	C	\$750.00	\$3,000.00
Bosu Ball	3	C	\$100.00	\$300.00
Colloidal Silver Cases	11	C	\$300.00	\$3,300.00
Relaxation Chairs	13	C	\$4,000.00	\$52,000.00
Blood Draw Chairs (not owned by Cerebrum)	6	C	\$0.00	\$0.00
Foot Leveler (loaned from company)	1	C	\$0.00	\$0.00
Marketing Banner	1	C	\$1,000.00	\$1,000.00
Cognison System (not owned)	1	C	\$0.00	\$0.00
Erchonia PL Touch Cold Laser	1	C	\$12,500.00	\$12,500.00
Walker	1	C	\$50.00	\$50.00

Trampoline	1	C	\$100.00	\$100.00	
6x6 PT Table	1	C	\$400.00	\$400.00	
Adjusting Table	1	C	\$1,000.00	\$1,000.00	
Exam Table	1	C	\$750.00	\$750.00	
Med Fridge	2	C	\$500.00	\$1,000.00	
Neurocom Balance Manager	2	C	\$20,000.00	\$40,000.00	
				Subtotal	\$1,200,400.00
Tech Supply Item	# Available				
Server with Racks and Boards	1	C	\$500.00	\$500.00	
iPad Stands	6	C	\$20.00	\$120.00	
iPads	4	C	\$100.00	\$400.00	
30" TV	1	C	\$50.00	\$50.00	
40" TV	5	C	\$100.00	\$500.00	
49" TV	7	P/C	\$150.00	\$1,050.00	
70" TV	3	C	\$250.00	\$750.00	
20" iMac	12	C	\$1,000.00	\$12,000.00	
Desktop Computer Towers, old and outdated	18	C	\$400.00	\$7,200.00	
Desktop Monitor	14	C	\$100.00	\$1,400.00	
Laptop Computer	29	C	\$500.00	\$14,500.00	
Apple Laptop	4	C	\$1,000.00	\$4,000.00	
Printer- Sm. Misc	9	P/C	\$100.00	\$900.00	
Phone- Misc.	16	C	\$75.00	\$1,200.00	
Camcorder + Tripod	1	C	\$200.00	\$200.00	
Labelmaker	1	C	\$25.00	\$25.00	
Projector- Sm.	1	C	\$25.00	\$25.00	
Projector Screen	1	C	\$100.00	\$100.00	
Soundboard	1	C	\$300.00	\$300.00	
Speakers	1	C	\$50.00	\$50.00	
Microphones	2	C	\$50.00	\$100.00	
Fridge	2	C	\$700.00	\$1,400.00	
MiniFridge	4	C	\$500.00	\$2,000.00	
Microwave	3	C	\$150.00	\$450.00	
Projector Mounted	2	C	\$300.00	\$600.00	
Misc Tech	1	C	\$400.00	\$400.00	
DSLR Camera	1	C	\$1,500.00	\$1,500.00	
Camera Tripod and Lightset	1	C	\$70.00	\$70.00	
Monitor Stand	5	P/C	\$50.00	\$250.00	

TV Mount	5	P/C	\$50.00	\$250.00
				Subtotal
Office Supply Item	# Available			
5x5 Cube Shelves	2	C	\$250.00	\$500.00
Stacking Chairs	10	C	\$50.00	\$500.00
Stack/Roll Chairs	55	C	\$50.00	\$2,750.00
Rolling Office Chairs	45	P/C	\$300.00	\$13,500.00
Office Chairs with Arms	65	P/C	\$200.00	\$13,000.00
Office Round 6 ft Ottoman Thing	2	C	\$300.00	\$600.00
Stool	21	C	\$150.00	\$3,150.00
Trash Can (small)	10	C	\$50.00	\$500.00
Trash Can (large)	8	C	\$100.00	\$800.00
Sectional Couch	1	C	\$500.00	\$500.00
2x2x4 Cabinet	1	C	\$100.00	\$100.00
2x3x2 Cabinet	4	C	\$100.00	\$400.00
2x3x4 Rolling Cabinet	15	C	\$100.00	\$1,500.00
3x2x3 Cabinet Mounted, with Glass	3	C	\$75.00	\$225.00
File Cabinets	22	C	\$50.00	\$1,100.00
6x2x3 Cabinet	3	C	\$250.00	\$750.00
2x2x2 Table	2	C	\$50.00	\$100.00
2x2x3 Table	3	C	\$50.00	\$150.00
2x3x2 Table	3	C	\$50.00	\$150.00
4x4x2 Table	1	C	\$100.00	\$100.00
3x4 Desk	2	C	\$150.00	\$300.00
5x2 Desk	34	P/C	\$250.00	\$8,500.00
6x3 Desk	5	C	\$250.00	\$1,250.00
6 foot hutch	6	C	\$100.00	\$600.00
Rounded T for Desk	5	C	\$100.00	\$500.00
2x5 Mirror	4	C	\$50.00	\$200.00
2x5x2 Bench	8	C	\$300.00	\$2,400.00
Bookcase	2	C	\$100.00	\$200.00
Keurig	3	C	\$50.00	\$150.00
Ladder Sm	1	C	\$150.00	\$150.00
Ladder Lg	1	C	\$500.00	\$500.00
Coathanger	2	C	\$100.00	\$200.00
Front Desk	1	C	\$250.00	\$250.00
Misc Tools	1	C	\$40.00	\$40.00

\$52,290.00

Small Rolling Table	5	C	\$125.00	\$625.00	
Small Cube Shelf	2	C	\$150.00	\$300.00	
Wooden TV Tray	2	C	\$25.00	\$50.00	
Gorilla Cabinet	5	C	\$80.00	\$400.00	
Round Tables	6	C	\$75.00	\$450.00	
Misc Paintings	29	C	\$100.00	\$2,900.00	
Misc Office Supplies	1	C	\$300.00	\$300.00	
Couch	1	C	\$400.00	\$400.00	
Heater, Desk	3	C	\$25.00	\$75.00	
Coffee Pot	2	C	\$10.00	\$20.00	
Large Table	2	C	\$200.00	\$400.00	
Folding Tables	4	C	\$50.00	\$200.00	
4x3 Wooden Table	5	P	\$100.00	\$500.00	
Executive Desk Wood	2	P	\$700.00	\$1,400.00	
Misc Cubicles, Damaged	10	P	\$200.00	\$2,000.00	
Leather Chair	1	P	\$200.00	\$200.00	
Lab Coats, Box	1	P	\$150.00	\$150.00	
Black Desks	10	P	\$150.00	\$1,500.00	
				Subtotal	\$119,775.00
				Total	\$1,372,465.00

Debtor **Brain Synergy Institute, LLC**
Name

Case number (if known)

General descriptionInclude year, make, model, and identification numbers
(i.e., VIN, HIN, or N-number)**Net book value of
debtor's interest**
(Where available)**Valuation method
used for current value****Current value of
debtor's interest****47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles****48. Watercraft, trailers, motors, and related accessories** Examples: Boats
trailers, motors, floating homes, personal watercraft, and fishing vessels**49. Aircraft and accessories****50. Other machinery, fixtures, and equipment (excluding farm
machinery and equipment)****51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒
- No
-
- ☐
- Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒
- No
-
- ☐
- Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐
- No. Go to Part 10.
-
- ☒
- Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**Description and location of property**Include street address or other description
such as Assessor Parcel Number (APN),
and type of property (for example,
acreage, factory, warehouse, apartment or
office building), if available.**Nature and extent
of debtor's interest
in property****Net book value of
debtor's interest**
(Where available)**Valuation method
used for current
value****Current value of
debtor's interest****55.1. 11511 Luna Road, Suite 100, 120, &
185****Office Space****(Rent per month is \$28,125.43)****Lease****Unknown N/A****Unknown****56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒
- No
-
- ☐
- Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒
- No
-
- ☐
- Yes

Part 10: Intangibles and Intellectual Property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐
- No. Go to Part 11.
-
- ☒
- Yes. Fill in the information below.

Debtor **Brain Synergy Institute, LLC**
Name

Case number (if known)

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
U.S. Patent No. 6,800,062	\$1,000,000.00	N/A	Unknown
U.S. Patent No. 7,559,766.	\$1,500,000.00	N/A	Unknown
61. Internet domain names and websites			
www.cerebrum.com		Google and PR Firm Rep	\$212,080.00
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
Customer/Patient lists			Unknown
64. Other intangibles, or intellectual property			
65. Goodwill			
Goodwill unknown			Unknown
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$212,080.00
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

			Current value of debtor's interest
71. Notes receivable			
Description (include name of obligor)			
LOP Accounts Receivable (0%-100% doubtful or uncollectible, but estimate 40% collectible)	\$35,835.28	– \$21,501.17 = ➔	\$14,334.11
	Total face amount	doubtful or uncollectible amount	
72. Tax refunds and unused net operating losses (NOLs)			
Description (for example, federal, state, local)			
73. Interests in insurance policies or annuities			

Debtor **Brain Synergy Institute, LLC**
Name

Case number (if known)

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed Examples: Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$14,334.11

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No
☐ Yes**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>\$2,034.41</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$55,802.88</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$291,057.88</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$6,044.68</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	<u>\$300,000.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$0.00</u>	
88. Real property. Copy line 56, Part 9..... →		<u>\$0.00</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$212,080.00</u>	
90. All other assets. Copy line 78, Part 11.	<u>+ \$14,334.11</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$881,353.96</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		\$881,353.96

Fill in this information to identify the case:

Debtor name Brain Synergy Institute, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1	Creditor's name <u>BSA Business Software Alliance, Inc.</u> Creditor's mailing address <u>420 Montgomery Street</u> <u>San Francisco CA 94104</u> Creditor's email address, if known Date debt was incurred <u>12/29/17</u> Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	Describe debtor's property that is subject to a lien <u>Computer equipment</u> Describe the lien <u>Agreement</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$18,000.00</u>	<u>\$18,000.00</u>
-----	--	--	--------------------	--------------------

\$24,000 Settlement Agreement regarding software licenses, resulting in note and security interest. 4 of 6 payments remain.

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,518,000.00

Debtor **Brain Synergy Institute, LLC**

Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

2.2	Creditor's name Joshua L. Flowers	Describe debtor's property that is subject to a lien All property, equipment, and patent	\$1,500,000.00	\$0.00
	Creditor's mailing address P.O. Box 1645	Describe the lien Agreement		
	Silverthorne CO 80498	Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
	Creditor's email address, if known _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred 05/01/15	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number _____			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Settlement Agreement resulting in note and security interest. Quarterly Payments Beginning 1/1/17. (Unknown Value of collateral)

Debtor Brain Synergy Institute, LLC Case number (if known) _____**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<u>Manfred Sternberg & Associates, Inc.</u>	Line <u>2.2</u>	_____
<u>4550 Post Oak Place Drive, Suite 119</u>		

<u>Houston TX 77027</u>		
<u>Weir Johnson, PLLC</u>	Line <u>2.1</u>	_____
<u>4925 Greenville Ave., Suite 200</u>		

<u>Dallas TX 75206</u>		

Fill in this information to identify the case:

Debtor Brain Synergy Institute, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)()

Debtor **Brain Synergy Institute, LLC**

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address <u>Altep, Inc.</u> <u>7450 Kemeon Circle</u> <u>El Paso TX 79912</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Legal Balance	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,497.24</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address <u>Anida Technologies, LP</u> <u>819 W. Arapaho Road, Suite 24B #344</u> <u>Richardson TX 75080</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Balance of payment plan on monthly maintenance of medical equipment.	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address <u>Bizmatics (Prognosis)</u> <u>4010 Moorpark Avenue, Suite 222</u> <u>San Jose CA 95117</u> Date or dates debt was incurred <u>April 2018</u> Last 4 digits of account number <u>3</u> <u>1</u> <u>4</u> <u>2</u> Medical Practice Software	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,545.70</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div> Nonpriority creditor's name and mailing address <u>CopyNet Digital Imaging Solutions</u> <u>2805 E. Plano Parkway #100</u> <u>Plano TX 75074</u> Date or dates debt was incurred <u>Feb/March 2018</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Copy machine rental equipment fees	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,303.34</u>

Debtor **Brain Synergy Institute, LLC**

Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5 Nonpriority creditor's name and mailing address Dunford Enterprises 31 Lake Linden Drive Bluffton SC 29910 Date or dates debt was incurred March 2018 Last 4 digits of account number — — — — Social Media services	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297.00
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3.6 Nonpriority creditor's name and mailing address Everbank Commercial Finance P.O. Box 911608 Denver CO 80291-1608 Date or dates debt was incurred 2016-2018 Last 4 digits of account number 4 4 1 6 Equipment Rental	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Goods Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$919.66
--	--	-----------------

3.7 Nonpriority creditor's name and mailing address Farrow-Gillespie & Heath, LLP 1700 Pacific Avenue, Suite 3700 Dallas TX 75201 Date or dates debt was incurred 2015-2018 Last 4 digits of account number — — — — Legal balance	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,354.51
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3.8 Nonpriority creditor's name and mailing address Greenway Medical Technologies, Inc. P.O. Box 203658 Dallas TX 75320-3658 Date or dates debt was incurred 2018 Last 4 digits of account number 2 5 9 5 Medical EMR & PM Software	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,446.82
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Debtor **Brain Synergy Institute, LLC**

Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,470.00
<u>Heygood Orr & Pearson</u>		<input type="checkbox"/> Contingent	
<u>6363 N. State Hwy 161, Suite 450</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>Irving TX 75038</u>		Services	
<u>Date or dates debt was incurred 2016-2018</u>		Is the claim subject to offset?	
<u>Last 4 digits of account number</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Legal balance			

3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$197,229.03
<u>HHSC</u>		<input type="checkbox"/> Contingent	
<u>PO Box 202948</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>Austin TX 78720-2948</u>		Contract	
<u>Date or dates debt was incurred November 2016</u>		Is the claim subject to offset?	
<u>Last 4 digits of account number 0 0 0 1</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Repaying an overpayment in installments. 17 payments remain.			

3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$53,787.92
<u>Holland & Hart, LLP</u>		<input type="checkbox"/> Contingent	
<u>P.O. Box 17283</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>Denver CO 80217-0283</u>		Services	
<u>Date or dates debt was incurred 2013-2017</u>		Is the claim subject to offset?	
<u>Last 4 digits of account number</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Legal balance			

3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$18,469.32
<u>Intellys Corporation</u>		<input type="checkbox"/> Contingent	
<u>621 W. College Street</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>Grapevine TX 76051</u>		Services	
<u>Date or dates debt was incurred 2015-2017</u>		Is the claim subject to offset?	
<u>Last 4 digits of account number</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Computer & Server Support			

Debtor **Brain Synergy Institute, LLC**

Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.13 Nonpriority creditor's name and mailing address Kenneth C. Beam 1626 Fair Oaks Court Westlake TX 76262 Date or dates debt was incurred 08/2017-12/2017 Last 4 digits of account number — — — —	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loans Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105,000.00
3.14 Nonpriority creditor's name and mailing address Lexington Lion Farmers Branch, LP One Penn Plaza, Suite 4015 New York NY 10119 Date or dates debt was incurred 04/01/18 Last 4 digits of account number 1 7 0 1 Rent Obligation (1 year of rent at \$28,125.43/month)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$337,505.16
3.15 Nonpriority creditor's name and mailing address Louis Paletta 1122 Post Oak Plaza Westlake TX 76262 Date or dates debt was incurred 08/2017-03/2018 Last 4 digits of account number — — — —	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loans Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$546,450.00
3.16 Nonpriority creditor's name and mailing address Pegasus Logistics, Inc. 306 Airline Drive, Suite 100 Coppell TX 75019 Date or dates debt was incurred July 2015-March 2018 Last 4 digits of account number — — — —	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loans Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$680,232.42

Debtor **Brain Synergy Institute, LLC**

Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$15,000.00</u>
	<u>Perpetuum Health, PLLC</u>	<input type="checkbox"/> Contingent	
	<u>c/o Ravi B. Patel, M.D.</u>	<input type="checkbox"/> Unliquidated	
	<u>5080 Spectrum Drive, Suite 1000E</u>	<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Addison TX 75001-4646</u>	<u>Services</u>	
	Date or dates debt was incurred <u>March 2018</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Medical Director contract</u>		

3.18	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$30,024.83</u>
	<u>Quick Fee</u>	<input type="checkbox"/> Contingent	
	<u>520 Broadway, Floor 2</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Santa Monica CA 90401</u>	<u>Services</u>	
	Date or dates debt was incurred <u>2017</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Accounting fees to Montgomery Coscia Grehlich LLP; debt was sold to Quick Fee.</u>		

3.19	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$323.82</u>
	<u>Ready Refresh</u>	<input type="checkbox"/> Contingent	
	<u>P.O. Box 856680</u>	<input type="checkbox"/> Unliquidated	
	<u>Louisville, Kentucky 40285-6680</u>	<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Services</u>	
	Date or dates debt was incurred <u>02/2018-03/2018</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>3 2 8 0</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Water Service</u>		

3.20	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,000.00</u>
	<u>Real News PR, LLC</u>	<input type="checkbox"/> Contingent	
	<u>5420 LBJ Freeway, Suite 515</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Dallas TX 75240</u>	<u>Services</u>	
	Date or dates debt was incurred <u>04/01/18</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<u>Social Media Services</u>		

Debtor **Brain Synergy Institute, LLC**

Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.21 Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:
Check all that apply.\$18,566.62Reese Gordon Marketos, LLP

- ☐ Contingent
☐ Unliquidated
☐ Disputed

750 N. Saint Paul Street, Suite 610

Basis for the claim:

Dallas TX 75201-3202ServicesDate or dates debt was incurred 2015-2018

Is the claim subject to offset?

Last 4 digits of account number

- ☒ No
☐ Yes

Legal Balance

3.22 Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:
Check all that apply.\$121.43Shred-It USA, LLC

- ☐ Contingent
☐ Unliquidated
☐ Disputed

P.O. Box 101007

Basis for the claim:

Pasadena CA 91189-1007ServicesDate or dates debt was incurred 02/2018-03/2018

Is the claim subject to offset?

Last 4 digits of account number

- ☒ No
☐ Yes

Shredding Service

3.23 Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:
Check all that apply.\$868.48Spectrum Business/Time Warner Cable

- ☐ Contingent
☐ Unliquidated
☐ Disputed

PO Box 60074

Basis for the claim:

City of Industry CA 91716-0074ServicesDate or dates debt was incurred March 2018

Is the claim subject to offset?

Last 4 digits of account number

- ☒ No
☐ Yes

Network services.

3.24 Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:
Check all that apply.\$6,000.00Sports Leadership Institute

- ☐ Contingent
☐ Unliquidated
☐ Disputed

222 SW Columbia, Suite 1020

Basis for the claim:

Portland OR 97201ContractDate or dates debt was incurred 2015

Is the claim subject to offset?

Last 4 digits of account number

- ☒ No
☐ Yes

Paid Sponsorship for Event

Debtor **Brain Synergy Institute, LLC**

Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.25 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$614.88

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

ServicesStericycle, Inc.P.O. Box 6582Carol Stream IL 60197-6582Date or dates debt was incurred 02/2018-04/2018

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 9 9 8 9

Hazardous Waste Disposal

3.26 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$20,140.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

ServicesThe Resource Management Group, LLCAttn: Misty W. Gilbert2500 Pepperwood Street, Apartment 140Farmers Branch TX 75234-6122Date or dates debt was incurred March 2018

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Payment for COO, Consultant, and Accountant independent contractors.

3.27 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$633.22

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

ServicesTrizetto Provider Solutions3300 Rider Trail South, 6th FloorEarth City MO 63045Date or dates debt was incurred 01/2018-03/2018

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 U V 1

EPI Claims. Contested- overbilled for providers. Should be \$0.00

Debtor Brain Synergy Institute, LLC Case number (if known) _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$0.005b. Total claims from Part 2 5b. + \$2,092,801.405c. Total of Parts 1 and 2 5c. \$2,092,801.40
Lines 5a + 5b = 5c.

Fill in this information to identify the case:Debtor name Brain Synergy Institute, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number _____ Chapter 7
(if known)☐ Check if this is an amended filingOfficial Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Medical Equipment Maintenance Contract Contract to be REJECTED 1 year _____ _____	Anida Technologies, L.P. 819 W. Arapaho Road, Suite 24B #344 _____ _____ Richardson TX 75080
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Office Space Lease Contract to be REJECTED 6 years, 1 month _____ _____	Lexington Lion Farmers Branch, LP c/o Lexington Realty Advisors, Inc. One Penn Plaza, Suite 4015 New York, New York _____ _____
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Medical Director Contract Contract to be REJECTED 3 months _____ _____	Perpetuum Health, PLLC Attn: Ravi B. Patel, MD 5080 Spectrum Drive, Suite 1000E _____ _____ Addison TX 75001-4648
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Chief Operating Officer Contract Contract to be REJECTED 6 months _____ _____	The Resource Management Group, LLC d/b/a Medical Account Solutions 2500 Pepperwood Street, Apartment 140 _____ _____ Farmers Brach TX 75234-6122

Fill in this information to identify the case:Debtor name Brain Synergy Institute, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number _____
(if known)☐ Check if this is an amended filingOfficial Form 206H**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor**Column 2: Creditor****Name****Mailing address****Name***Check all schedules that apply:***2.1 Kenneth C. Beam****1626 Fair Oaks Court**

Number Street

**Lexington Lion Farmers
Branch, LP**
☐ D
☐ E/F
☒ G
Westlake

City

TX 76262

State ZIP Code

2.2 Carrick Brain Centers 11511 Luna Rd., Suite 100
of North Texas, LLC Dallas, Texas 75234

N/A

Potential co-debtor. Entity is a subsidiary of Debtor, and often uses same d/b/a on contracts. Unknown whether there may be claims against entity for some of same debts.

2.3 Carrick Brain Centers 1950 Spectrum Drive,
of Atlanta, LLC Suite B-200
Marietta, Georgia, 30067

N/A

Potential co-debtor. Entity is a subsidiary of Debtor, and often uses same d/b/a on contracts. Unknown whether there may be claims against entity for some of same debts.

Fill in this information to identify the case:Debtor Name Brain Synergy Institute, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known): _____

☐ Check if this is an amended filingOfficial Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... \$0.00**1b. Total personal property:**Copy line 91A from Schedule A/B..... \$881,353.96**1c. Total of all property**Copy line 92 from Schedule A/B..... \$881,353.96**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... \$1,518,000.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+** \$2,092,801.40**4. Total liabilities**Lines 2 + 3a + 3b..... **\$3,610,801.40**

Fill in this information to identify the case and this filing:Debtor Name Brain Synergy Institute, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number _____
(if known)Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/04/2018
MM / DD / YYYY

X /s/ Misty W. Gilbert
Signature of individual signing on behalf of debtor

Misty W. Gilbert
Printed name

Chief Operating Officer
Position or relationship to debtor

Fill in this information to identify the case:Debtor name Brain Synergy Institute, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number
(if known) _____☐ Check if this is an
amended filingOfficial Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ NoneIdentify the beginning and ending dates of the debtor's fiscal year,
which may be a calendar yearSources of revenue
Check all that apply.Gross revenue
(before deductions
and exclusions)From the beginning of the
fiscal year to filing date:From 01/01/2018 to
MM/DD/YYYY

Filing date

☒ Operating a business
☐ Other _____\$316,579.76

For prior year:

From 01/01/2017 to
MM/DD/YYYY12/31/2017
MM/DD/YYYY☒ Operating a business
☐ Other _____\$2,942,570.93

For the year before that:

From 01/01/2016 to
MM/DD/YYYY12/31/2016
MM/DD/YYYY☒ Operating a business
☐ Other _____\$3,515,628.44**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address

Dates

Total amount or value

Reasons for payment or transfer

Check all that apply

3.1. **(SEE ATTACHED)**

Creditor's name

(Note: Data includes transactions to all

Street

vendors over \$6,000 cumulative)

City

State ZIP Code

☐ Secured debt☐ Unsecured loan repayments☐ Suppliers or vendors☐ Services☐ Other _____

Brain Synergy Institute LLC

Transaction List by Vendor

January - December 2018

	Date	Transaction Type	Num	Posting	Memo/Description	Account	Amount	Subtotal Paid
Anida Technologies, LP								
	01/04/2018	Bill Payment (Check)	ACH-6794678474	Yes		1013 Chase BSI Operating 1266	3,000.00	
	01/16/2018	Bill Payment (Check)	ACH-6828130467	Yes		1013 Chase BSI Operating 1266	3,000.00	
	01/29/2018	Bill Payment (Check)	ACH-6847188576	Yes		1013 Chase BSI Operating 1266	3,000.00	
	02/09/2018	Bill Payment (Check)	ACH-6892423509	Yes		1013 Chase BSI Operating 1266	3,000.00	
	02/23/2018	Bill Payment (Check)	ACH-6903381325	Yes		1013 Chase BSI Operating 1266	3,000.00	
	03/07/2018	Bill Payment (Check)	ACH-6960162933	Yes		1013 Chase BSI Operating 1266	6,000.00	
								21,000.00
Catlin, Lillard & CO								
	03/09/2018	Check	ACH-6968572941	Yes		1013 Chase BSI Operating 1266	10,000.00	
	03/30/2018	Check	ACH-7023119822	Yes		1013 Chase BSI Operating 1266	2,000.00	
								12,000.00
Chirosecure								
	03/08/2018	Expense		Yes	CHIROSECURE 866-802-4476 AZ	2140 TRMG Discover CC for CHC [4242]	2,325.29	
	03/20/2018	Expense		Yes	CHIROSECURE SCOTTSDALE AZ	2130 TRMG Master Card CC for CHC [5279]	443.11	
	03/20/2018	Expense		Yes	CHIROSECURE SCOTTSDALE AZ	2130 TRMG Master Card CC for CHC [5279]	11,277.83	
								14,046.23
Google Adwords								
	01/03/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0H127LM	2140 TRMG Discover CC for CHC [4242]	500.00	
	01/05/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0H3SJA8	2140 TRMG Discover CC for CHC [4242]	500.00	
	01/11/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0H7KCU	2140 TRMG Discover CC for CHC [4242]	500.00	
	01/16/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0HBXCF3	2140 TRMG Discover CC for CHC [4242]	500.00	
	01/20/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0HFETQZ	2140 TRMG Discover CC for CHC [4242]	500.00	
	01/25/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0HJNGFQ	2140 TRMG Discover CC for CHC [4242]	500.00	
	01/31/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0HOCA5O	2140 TRMG Discover CC for CHC [4242]	500.00	
	02/06/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0HTURYK	2140 TRMG Discover CC for CHC [4242]	500.00	
	02/10/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0HWW1NX	2140 TRMG Discover CC for CHC [4242]	500.00	
	02/16/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0HBKFGJ	2140 TRMG Discover CC for CHC [4242]	500.00	
	02/22/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0HGB66I	2140 TRMG Discover CC for CHC [4242]	500.00	
	02/28/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0HLSJJK	2140 TRMG Discover CC for CHC [4242]	500.00	
	03/06/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0HRLSDU	2140 TRMG Discover CC for CHC [4242]	498.24	
	03/31/2018	Expense		Yes	GOOGLE *ADWS7698455071 CC@GOOGLE.COMCAP0HRLSDU	2140 TRMG Discover CC for CHC [4242]	11.21	
Google Services								
	01/01/2018	Expense		Yes	GOOGLE *SVCSAPPS_cereb cc@google.com CA	2130 TRMG Master Card CC for CHC [5279]	430.83	
	01/01/2018	Expense		Yes	GOOGLE *SVCSAPPS_carri cc@google.com CA	2130 TRMG Master Card CC for CHC [5279]	76.83	
	02/01/2018	Expense		Yes	GOOGLE *SVCSAPPS_carri cc@google.com CA	2130 TRMG Master Card CC for CHC [5279]	44.84	
	02/01/2018	Expense		Yes	GOOGLE *SVCSAPPS_cereb cc@google.com CA	2130 TRMG Master Card CC for CHC [5279]	377.20	
	03/01/2018	Expense		Yes	GOOGLE *SVCSAPPS_carri cc@google.com CA	2130 TRMG Master Card CC for CHC [5279]	31.98	
	03/02/2018	Expense		Yes	GOOGLE *SVCSAPPS_cereb cc@google.com CA	2130 TRMG Master Card CC for CHC [5279]	374.24	
	03/27/2018	Expense		Yes	GOOGLE *SVCSAPPS_cereb cc@google.com CA	2130 TRMG Master Card CC for CHC [5279]	600.00	
	04/01/2018	Expense		Yes	GOOGLE *SVCSAPPS_cereb cc@google.com CA	2130 TRMG Master Card CC for CHC [5279]	31.98	
								8,477.35
Henry G Raroque, Jr, MD, PA								
	01/12/2018	Check	ACH-6810947517	Yes	ACH CHECK 6810947517 - Henry G Raroque	1013 Chase BSI Operating 1266	21,695.35	
	02/09/2018	Check	ACH-6892465647	Yes	ACH CHECK 6810947517 - Henry G Raroque	1013 Chase BSI Operating 1266	906.41	
	03/16/2018	Check	ACH-6987316871	Yes	ACH CHECK 6987316871 - Henry G Raroque	1013 Chase BSI Operating 1266	977.84	
	03/22/2018	Check	ACH-7001483924	Yes	ACH CHECK 7001483924 - Henry G Raroque	1013 Chase BSI Operating 1266	7,286.06	
								30,865.66
Heygood Orr & Pearson								
	01/04/2018	Bill Payment (Check)	ACH-6795266297	Yes		1013 Chase BSI Operating 1266	3,000.00	
	01/29/2018	Bill Payment (Check)	ACH-6847184728	Yes		1013 Chase BSI Operating 1266	3,079.32	

9,079.32

HHSC (Texas Medicaid and Healthcare Partnership)

01/16/2018 Check ACH-6828105406 Yes 1013 Chase BSI Operating 1266 11,601.71
02/12/2018 Check ACH-6892410606 Yes 1013 Chase BSI Operating 1266 11,601.71

23,203.42

Holland & Hart LLP

01/04/2018 Bill Payment (Check) ACH-6794690002 Yes 1013 Chase BSI Operating 1266 3,000.00
02/09/2018 Bill Payment (Check) ACH-6892407449 Yes 1013 Chase BSI Operating 1266 3,000.00

6,000.00

Lexington Lion Farmer's Branch, LP

01/29/2018 Check WIRE: 5032021058 Yes 1013 Chase BSI Operating 1266 26,266.98
02/27/2018 Check WIRE: 5033317031 Yes 1013 Chase BSI Operating 1266 24,976.19

51,243.17

OrchestrateHR

01/04/2018 Expense Yes EDAS BILLING 2637 4CARRIB CCD ID: 9IA0843635 1016 Chase NTX Operating 0506 10,264.29
01/11/2018 Expense Yes CEREBRUM HEALTH PAYROLL 2637 4CARRIB CCD ID: 1371737752 1016 Chase NTX Operating 0506 10,216.01
01/11/2018 Expense Yes BRAIN SYNERGY IN PAYROLL 2635 4BRAINS CCD ID: 1455533423 1013 Chase BSI Operating 1266 3,649.83
01/11/2018 Expense Yes EDAS BILLING 2635 4BRAINS CCD ID: 9IA0843635 1013 Chase BSI Operating 1266 1,158.42
01/12/2018 Expense Yes EDAS BILLING 2637 4CARRIB CCD ID: 9IA0843635 1016 Chase NTX Operating 0506 3,532.93
01/25/2018 Expense Yes CEREBRUM HEALTH PAYROLL 2637 4CARRIB CCD ID: 1371737752 1016 Chase NTX Operating 0506 17,526.51
01/25/2018 Expense Yes EDAS BILLING 2635 4BRAINS CCD ID: 9IA0843635 1013 Chase BSI Operating 1266 2,835.92
01/25/2018 Expense Yes BRAIN SYNERGY IN PAYROLL 2635 4BRAINS CCD ID: 1455533423 1013 Chase BSI Operating 1266 8,147.00
01/26/2018 Expense Yes EDAS BILLING 2637 4CARRIB CCD ID: 9IA0843635 1016 Chase NTX Operating 0506 6,530.28
01/30/2018 Expense Yes EDAS BILLING 2635 4BRAINS CCD ID: 9IA0843635 1013 Chase BSI Operating 1266 1,247.35
01/31/2018 Expense Yes EDAS BILLING 2637 4CARRIB CCD ID: 9IA0843635 1016 Chase NTX Operating 0506 3,565.53
02/08/2018 Expense Yes CEREBRUM HEALTH PAYROLL 2637 4CARRIB CCD ID: 1371737752 1016 Chase NTX Operating 0506 16,801.67
02/08/2018 Expense Yes BRAIN SYNERGY IN PAYROLL 2635 4BRAINS CCD ID: 1455533423 1013 Chase BSI Operating 1266 6,894.38
02/08/2018 Expense Yes EDAS BILLING 2635 4BRAINS CCD ID: 9IA0843635 1013 Chase BSI Operating 1266 2,321.56
02/09/2018 Expense Yes EDAS BILLING 2637 4CARRIB CCD ID: 9IA0843635 1016 Chase NTX Operating 0506 6,311.38
02/15/2018 Expense Yes EDAS BILLING 2635 4BRAINS CCD ID: 9IA0843635 1013 Chase BSI Operating 1266 3,924.96
02/15/2018 Expense Yes EDAS BILLING 2637 4CARRIB CCD ID: 9IA0843635 1016 Chase NTX Operating 0506 13,229.31
02/22/2018 Expense Yes EDAS BILLING 2635 4BRAINS CCD ID: 9IA0843635 1013 Chase BSI Operating 1266 2,828.22
02/22/2018 Expense Yes BRAIN SYNERGY IN PAYROLL 2635 4BRAINS CCD ID: 1455533423 1013 Chase BSI Operating 1266 8,302.54
02/22/2018 Expense Yes CEREBRUM HEALTH PAYROLL 2637 4CARRIB CCD ID: 1371737752 1016 Chase NTX Operating 0506 15,241.97
02/23/2018 Expense Yes EDAS BILLING 2637 4CARRIB CCD ID: 9IA0843635 1016 Chase NTX Operating 0506 9,120.04
03/08/2018 Expense Yes EDAS BILLING 2635 4BRAINS CCD ID: 9IA0843635 1013 Chase BSI Operating 1266 2,100.68
03/08/2018 Expense Yes BRAIN SYNERGY IN PAYROLL 2635 4BRAINS CCD ID: 1455533423 1013 Chase BSI Operating 1266 6,901.85
03/08/2018 Expense Yes CEREBRUM HEALTH PAYROLL 2637 4CARRIB CCD ID: 1371737752 1016 Chase NTX Operating 0506 15,387.71
03/09/2018 Expense Yes EDAS BILLING 2637 4CARRIB CCD ID: 9IA0843635 1016 Chase NTX Operating 0506 5,418.35
03/22/2018 Expense Yes CEREBRUM HEALTH PAYROLL 2637 4CARRIB CCD ID: 1371737752 1016 Chase NTX Operating 0506 15,759.06
03/22/2018 Expense Yes BRAIN SYNERGY IN PAYROLL 2635 4BRAINS CCD ID: 1455533423 1013 Chase BSI Operating 1266 9,832.87
03/22/2018 Expense Yes EDAS BILLING 2635 4BRAINS CCD ID: 9IA0843635 1013 Chase BSI Operating 1266 3,910.98
03/23/2018 Expense Yes EDAS BILLING 2637 4CARRIB CCD ID: 9IA0843635 1016 Chase NTX Operating 0506 4,834.17
03/29/2018 Check WIRE: 5035671639 Yes EDAS BILLING 2635 4BRAINS CCD ID: 9IA0843635 1013 Chase BSI Operating 1266 12,713.63
03/29/2018 Expense Yes ONLINE DOMESTIC WIRE TRANSFER VI A: BRANCH BKING & TRU/111017694 1016 Chase NTX Operating 0506 30,379.72
03/30/2018 Check 2915 Yes EDAS BILLING 2635 4BRAINS CCD ID: 9IA0843635 1013 Chase BSI Operating 1266 145.46
03/30/2018 Deposit Yes 1013 Chase BSI Operating 1266 -1,711.59

259,322.99

Pegasus Logistics Group

03/29/2018 Expense Yes 1013 Chase BSI Operating 1266 130,000.00

130,000.00

Perpetuum Health, PLLC

01/22/2018 Check 2885 Yes 1013 Chase BSI Operating 1266 28.13

	01/22/2018	Check	288	Yes		1013 Chase BSI Operating 1266	167.36
	02/05/2018	Check	WIRE: 5032356748	Yes		1013 Chase BSI Operating 1266	5,000.00
	03/05/2018	Check	WIRE: 5034146855	Yes		1013 Chase BSI Operating 1266	5,000.00
	03/16/2018	Check	WIRE: 5034516042	Yes		1013 Chase BSI Operating 1266	5,000.00
	03/19/2018	Check	2911	Yes		1013 Chase BSI Operating 1266	104.32
	03/29/2018	Check	2914	Yes		1013 Chase BSI Operating 1266	23.69
							15,323.50
Quick Fee							
	01/24/2018	Check	ACH	Yes		1013 Chase BSI Operating 1266	5,546.56
	02/28/2018	Check	ACH	Yes		1013 Chase BSI Operating 1266	2,051.65
	03/28/2018	Check	ACH	Yes		1013 Chase BSI Operating 1266	2,001.65
							9,599.86
Real News PR, LLC							
	02/01/2018	Expense		Yes	REAL NEWS PR 214-2263327 TX	2140 TRMG Discover CC for CHC [4242]	3,000.00
	03/01/2018	Expense		Yes	REAL NEWS PR 214-2263327 TX	2140 TRMG Discover CC for CHC [4242]	3,000.00
							6,000.00
Reese Gordon Marketos LLP							
	01/25/2018	Bill Payment (Check)	ACH-6847160648	Yes		1013 Chase BSI Operating 1266	5,000.00
	02/23/2018	Bill Payment (Check)	ACH-6928262543	Yes		1016 Chase NTX Operating 0506	2,000.00
							7,000.00
The Network Guru							
	01/16/2018	Bill Payment (Check)	ACH-a0hpgyw3	Yes	Paid via QB Online. mwg	1013 Chase BSI Operating 1266	1,645.46
	01/16/2018	Bill Payment (Check)	ACH-a0hpgzwn	Yes	Paid via QB Online. mwg	1013 Chase BSI Operating 1266	37.35
	02/02/2018	Bill Payment (Check)	ACH-aj13dgx	Yes		1013 Chase BSI Operating 1266	238.15
	02/05/2018	Bill Payment (Check)	ACH aj143fv6	Yes		1013 Chase BSI Operating 1266	2,000.00
	02/12/2018	Bill Payment (Check)	ACH-aj16gtns	Yes		1013 Chase BSI Operating 1266	1,978.95
	03/01/2018	Bill Payment (Check)	ACH-aj1bzf7m	Yes		1013 Chase BSI Operating 1266	232.74
	03/06/2018	Bill Payment (Check)	ACH-aj1dskh9	Yes		1013 Chase BSI Operating 1266	558.24
							6,690.89
The Resource Management Group, LLC dba Medical Account Solutions							
	01/15/2018	Bill Payment (Check)	2880	Yes		1013 Chase BSI Operating 1266	16,725.00
	02/09/2018	Bill Payment (Check)	2892	Yes		1013 Chase BSI Operating 1266	18,050.00
	03/06/2018	Bill Payment (Check)	2904	Yes		1013 Chase BSI Operating 1266	16,625.00
	03/12/2018	Bill Payment (Check)	2909	Yes		1013 Chase BSI Operating 1266	19,190.00
	03/30/2018	Bill Payment (Check)	2917	Yes		1013 Chase BSI Operating 1266	2,000.00
	03/31/2018	Bill Payment (Check)	2919	Yes		1013 Chase BSI Operating 1266	14,250.00
							86,840.00
Underwood Perkins Law							
	02/23/2018	Check	WIRE:	Yes	ONLINE DOMESTIC WIRE TRANSFER VI A: VERITEX COMM BK/111024865 A/C	1013 Chase BSI Operating 1266	10,000.00
	03/16/2018	Expense	WIRE:	Yes	ONLINE DOMESTIC WIRE TRANSFER VI A: VERITEX COMM BK/111024865 A/C	1013 Chase BSI Operating 1266	335.00
	03/28/2018	Check	2913	Yes		1013 Chase BSI Operating 1266	5,000.00
							15,335.00
Vibrant Wellness							
	01/12/2018	Expense		Yes	VIBRANT WELLNESS 08663640963 CA	2130 TRMG Master Card CC for CHC [5279]	497.00
	01/12/2018	Expense		Yes	VIBRANT WELLNESS 08663640963 CA	2130 TRMG Master Card CC for CHC [5279]	498.00
	01/12/2018	Expense		Yes	VIBRANT WELLNESS 08663640963 CA	2130 TRMG Master Card CC for CHC [5279]	149.00
	01/13/2018	Expense		Yes	VIBRANT WELLNESS 08663640963 CA	2130 TRMG Master Card CC for CHC [5279]	149.00
	01/16/2018	Expense		Yes	VIBRANT WELLNESS 08663640963 CA	2130 TRMG Master Card CC for CHC [5279]	149.00
	02/03/2018	Expense		Yes	VIBRANT AMERICA 08663640963 CA	2130 TRMG Master Card CC for CHC [5279]	199.00
	02/05/2018	Expense		Yes	VIBRANT AMERICA 08663640963 CA	2130 TRMG Master Card CC for CHC [5279]	378.39
	02/05/2018	Expense		Yes	VIBRANT AMERICA 08663640963 CA	2130 TRMG Master Card CC for CHC [5279]	1,749.05
	02/09/2018	Expense		Yes	VIBRANT AMERICA 08663640963 CA	2130 TRMG Master Card CC for CHC [5279]	199.00
	03/01/2018	Expense		Yes	VIBRANT WELLNESS 08663640963 CA	2130 TRMG Master Card CC for CHC [5279]	149.00
	03/16/2018	Expense		Yes	VIBRANT AMERICA 08663640963 CA	2130 TRMG Master Card CC for CHC [5279]	3,361.45

Debtor Brain Synergy Institute, LLC Case number (if known) _____
Name

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.2.	Pegasus Logistics Group, Inc. Creditor's name 306 Airline Drive, Suite 100 Street Coppell, Texas 750169	3/30/18 (endorsed check)	\$130,000.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
	City State ZIP Code			

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.	Josh Flowers Insider's name PO Box 1645 Street Silverthorne, Colorado 80498	12/19/16, 03/23/17, 06/21/17, 09/20/17, 12/20/17	\$105,000.00	Payments pursuant to settlement agreement and note (First \$15,000, then \$22,500 each)
	City State ZIP Code			

Relationship to debtor

Former partner/investor

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	Texas Health and Human Services Commission Audit	BSI's receipt of alleged overpayments from State of Texas.	Texas Health & Human Services Comr Name Accounts Receivable Street P.O. Box 202948	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number Audit No. IG-16-020		Austin TX 78720-2948 City State ZIP Code	

Debtor **Brain Synergy Institute, LLC**
Name

Case number (if known)

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 206A/B (Schedule A/B: Assets -- Real and Personal Property).	Date of loss	Value of property lost
Former contract employee, Codey Marshall, borrowed office furniture and never returned it	<u>\$0.00</u>	<u>June 2017</u>	<u>\$4,000.00</u>
Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 206A/B (Schedule A/B: Assets -- Real and Personal Property).	Date of loss	Value of property lost
VNG - Micro Medical	<u>\$0.00</u>	<u>June/July 20</u>	<u>\$25,000.00</u>

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.1. <u>Underwood Perkins, P.C.</u>	<u>(legal fees)</u>		<u>\$15,000.00</u>
Address			
<u>5420 LBJ Freeway, Suite 1900</u>			
Street			
<u>Dallas, Texas 75240</u>			
City State ZIP Code			
Email or website address			
<u></u>			
Who made the payment, if not debtor?			
<u></u>			

Debtor Brain Synergy Institute, LLC Case number (if known) _____
 Name

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. <u>Cagan Randall</u>	<u>Payment on Note</u>	<u>8/15/16</u>	<u>\$31,273.17</u>
Address			
<u>975 East Dove Road</u>			
<small>Street</small>			
<u>Southlake, Texas 76092</u>			
<small>City State ZIP Code</small>			
Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy	
	From	To
14.1. <u>105 Decker Court, Suite 120</u>	<u>05/2012</u>	<u>04/2017</u>
<small>Street</small>		
<u>Irving, Texas 75062</u>		
<small>City State ZIP Code</small>		

Debtor Brain Synergy Institute, LLC Case number (if known) _____
 Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1. Brain Synergy Institute, LLC

Facility name

11511 Luna Road, Suite 100

Street

Farmers Branch, Texas 75234-6022

City

State ZIP Code

Diagnosing or treating injury, deformity, or disease

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

www.box.com; previous: Greenway Health; Bizmatics (Prognosis)

How are records kept?

Check all that apply:

- ☒ Electronically
☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained

Medical information considered PHI under HIPAA and related laws.

Does the debtor have a privacy policy about that information?

- ☐ No.
☒ Yes.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:

Debtor Brain Synergy Institute, LLC Case number (if known) _____
 Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units
18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>Pegasus Logistics, Inc.</u> Name	<u>Ken Beam</u>	<u>Furniture, records, equipment</u>	<input type="checkbox"/> No
<u>306 Airline Drive, Suite 100</u> Street	<u>Address</u>		<input checked="" type="checkbox"/> Yes
<u>Coppell, Texas 75019</u>			
_____ City State ZIP Code			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own
21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor **Brain Synergy Institute, LLC**
Name

Case number (if known)

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?**

Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

25.1.	Business name and address Carrick Brain Centers of Atlanta <small>Name</small> 1950 Spectrum Drive, Suite B-200 <small>Street</small> Marietta, Georgia 30067 <small>City State ZIP Code</small>	Describe the nature of the business Neurological rehabilitation branch in Atlanta, Georgia	Employer Identification number Do not include Social Security number or ITIN. EIN: <u>6</u> <u>1</u> - <u>1</u> <u>7</u> <u>1</u> <u>7</u> <u>5</u> <u>6</u> <u>0</u> Dates business existed From <u>August 2013</u> To <u>March 2017</u>
25.2.	Business name and address Carrick Brain Centers of North Texas, LLC <small>Name</small> 11511 Luna Road, Suite 100 <small>Street</small> Farmers Branch, Texas <small>City State ZIP Code</small>	Describe the nature of the business Neurological rehabilitation branch in Dallas, Texas.	Employer Identification number Do not include Social Security number or ITIN. EIN: <u>3</u> <u>7</u> - <u>1</u> <u>7</u> <u>3</u> <u>7</u> <u>7</u> <u>5</u> <u>2</u> Dates business existed From <u>July, 2012</u> To <u>3/30/18</u>

Debtor Brain Synergy Institute, LLC Case number (if known) _____
 Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address**Dates of service**

26a.1. The Resource Management Group, LLC

From August 2017 To Present

Name

2500 Pepperwood Street, Apt. 140

Street

Farmers Branch, Texas 75234-6122

City

State

ZIP Code

Name and address**Dates of service**

26a.2. Montgomery Coscia Greilich LLP

From 2013 To July 2017

Name

2500 Dallas Parkway, Suite 300

Street

Dallas, Texas 75093

City

State

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address**Dates of service**

26b.1. The Resource Management Group, LLC

From August 2017 To Present

Name

2500 Pepperwood Street, Apt. 140

Street

Farmers Branch, Texas 75234-6122

City

State

ZIP Code

Name and address**Dates of service**

26b.2. Catlin, Lillard & Co.

From February 2018 To Present

Name

6901 River Park Circle

Street

Fort Worth, Texas 76116

City

State

ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. Lexington Lions Farmers Branch LP

Name

c/o LXP Manager Corp.

Street

12400 Coit Road, Suite 970

Dallas

TX

75251

City

State

ZIP Code

Debtor Brain Synergy Institute, LLC Case number (if known) _____
 Name

Name and address

26d.2. Lexington Realty Trust
 Name
Attn: General Counsel
 Street
One Penn Plana, Suite 4015
New York NY 10119-4015
 City State ZIP Code

Name and address

26d.3. Reinhardt Capital, LLC
 Name
6466 Sondra Drive
 Street
Dallas, Texas 75214
 City State ZIP Code

Name and address

26d.4. Chiro Secure
 Name
8501 E. Princess Drive, Suite 130
 Street
Scottsdale, Arizona 85255
 City State ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☐ No.
☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis
(cost, market, or other basis)
of each inventory

Misty W. Gilbert, COO

March 2018 6,044.68 / Cost (supplements

Name and address of the person who has possession of inventory records

27.1. The Resource Management Group, LLC
 Name
d/b/a Medical Account Solutions
 Street
2500 Pepperwood Street, Apt. 140
Farmers Branch TX 75234-6122
 City State ZIP Code

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis
(cost, market, or other basis)
of each inventory

Misty W. Gilbert, COO

October 2017 .00 / (inv. of software license

Name and address of the person who has possession of inventory records

27.2. The Resource Management Group, LLC
 Name
d/b/a Medical Account Solutions
 Street
2500 Pepperwood Street, Apt. 140
Farmers Branch TX 75234-6122
 City State ZIP Code

Debtor Brain Synergy Institute, LLC Case number (if known) _____
 Name

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis
(cost, market, or other basis)
of each inventory

Paul Shrogin, DC

03/26/18

\$1,372,465.00 / Cost

Name and address of the person who has possession of inventory records

27.3. Misty W. Gilbert, COO

Name

The Resource Management Group, LLC

Street

2500 Pepperwood Street, Apt. 140

Farmers Branch

TX

75234-6122

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Kenneth C. Beam	1626 Fair Oaks Court Westlake, Texas 76262	Manager	24.4%
Louis Paletta	1122 Post Oak Plaza Westlake, Texas 76262	Manager / Held jointly with wife Wanda Paletta	11.12%
Ralph Searfoss	3901 St. James Court Colleyville, Texas 76034	Manager	0.23%
Norine Yukon	5118 Mansfield View Court Austin, Texas 78732	Manager	0.84%
Tom Morgan	1403 Post Oak Place Westlake, Texas 76262	Manager	0%
Victor Sansone	2104 Vaquero Club Dr. Westlake, Texas 76262	Manager	0%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Jimmy Matthews	1901 Gaillardia Court Westlake, Texas 76262	COO & President	From <u>November 2013</u> To <u>September 2017</u>
Cagan Randall	975 East Dove Road Southlake, Texas 76092	Managing Partner	From <u>June 2013</u> To <u>August 2017</u>
Joel B. Brock	386 Mitchell Drive Sunnyvale, Texas 75182	Lead Clinician	From <u>August 2013</u> To <u>September 2017</u>
Jon Kerekes	110 Andirons Irvine, California 92602	Managing Director/Member	From <u>October 2013</u> To <u>February 2017</u>

Debtor Brain Synergy Institute, LLC
Name

Case number (if known) _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Josh Flowers</u> Name <u>PO Box 1645</u> Street <u>Silverthorne, Colorado 80498</u> City _____ State _____ ZIP Code _____	Quarterly payments on settlement agreement and note \$105,000.00	12/19/16; 03/23/17; 06/27/17; 09/20/17; 12/20/17	Quarterly interest payments (first \$15,000, then \$22,500 each)
Relationship to debtor <u>Previous partner/investor</u>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/04/2018
 MM / DD / YYYY

X /s/ Misty W. Gilbert
 Signature of individual signing on behalf of the debtor

Printed name Misty W. Gilbert

Position or relationship to debtor Chief Operating Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

In re **Brain Synergy Institute, LLC**

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$15,000.00</u>	
Prior to the filing of this statement I have received.....	<u>\$15,000.00</u>	(See Attachment)
Balance Due.....	<u>\$0.00</u>	

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- b. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- c. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

04/04/2018

Date

/s/ David L. Campbell

David L. Campbell
Underwood Perkins, P.C.
5420 LBJ Freeway
Suite 1900
Dallas, TX 75240
Phone: (972) 661-5114 / Fax: (972) 661-5691

Bar No. 03698500

/s/ Misty W. Gilbert

Misty W. Gilbert
Chief Operating Officer

Attachment to Disclosure of Compensation of Attorney for Debtor

Debtor's counsel was initially retained to determine if a Chapter 11 or other process was available. Counsel was paid \$5,000 for these services. Once the Debtor made the decision to file Chapter 7, the Debtor and counsel agreed to a flat fee of \$10,000.00 to execute this plan.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

IN RE: **Brain Synergy Institute, LLC**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 4/4/2018

Signature /s/ Misty W. Gilbert
Misty W. Gilbert
Chief Operating Officer

Date _____

Signature _____

Altep, Inc. 7450 Kemeon Circle El Paso, Texas 79912	Heygood Orr & Pearson 6363 N. State Hwy 161, Suite 450 Irving, Texas 75038	Manfred Sternberg & Associates, Inc. 4550 Post Oak Place Drive, Suite 119 Houston, Texas 77027
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